



Maya Health Services LLC  
2449 Golf Road  
Suite 26  
Philadelphia PA 19131

## PHYSICAL HEALTH HISTORY STATEMENT

Employee Name: \_\_\_\_\_

Job Position: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this employee physically capable of performing the follow physical actions?

<u>Physical Actions:</u>	YES	NO
Sitting:	<input type="checkbox"/>	<input type="checkbox"/>
Standing:	<input type="checkbox"/>	<input type="checkbox"/>
Walking:	<input type="checkbox"/>	<input type="checkbox"/>
Lift	<input type="checkbox"/>	<input type="checkbox"/>
Carry	<input type="checkbox"/>	<input type="checkbox"/>
Twisting:	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling:	<input type="checkbox"/>	<input type="checkbox"/>
Bending:	<input type="checkbox"/>	<input type="checkbox"/>
Squading:	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling:	<input type="checkbox"/>	<input type="checkbox"/>
Crawling:	<input type="checkbox"/>	<input type="checkbox"/>
Climbing:	<input type="checkbox"/>	<input type="checkbox"/>
Reaching:	<input type="checkbox"/>	<input type="checkbox"/>

Is there any restrictions prohibiting this employee from performing their duty as a health care worker?

YES ☐ NO ☐

Physician Signature : \_\_\_\_\_

Employee Name Signature : \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Name Print : \_\_\_\_\_